#### THEOPHYLLINE-INDUCED SEIZURES

- 2. Faden A: Encephalopathy following treatment of chronic pulmonary failure. Neurology (Minneap) 1976 Apr; 26:337-339
  3. Schwartz MS, Scott DF: Aminophylline-induced seizures. Epilepsia 1974 Oct; 15:501-505
- 4. Vincent FM: Fatal theophylline-induced seizures. Postgrad Med 1978 Apr; 63:76-77
- 5. Parfrey P, Davies SJ: Seizures after aminophylline by suppository (Letter). Br Med J 1979 Aug; 2:497-498
- 6. Van Dellen RG: Clinical pharmacology—Series on pharmacology in practice—4. Theophylline—Practical application of new knowledge. Mayo Clin Proc 1979 Nov; 54:733-745
- 7. Zwillich CW, Sutton FD Jr, Neff TA, et al: Theophylline-induced sizures in adults—Correlation with serum concentrations. Ann Intern Med seizures in adults-1975 Jun; 82:784-787
- 8. Jusko WJ, Koup JR, Vance JW, et al: Intravenous theophylline therapy: Nomogram guidelines. Ann Intern Med 1977 Apr; 86:400-404
- 9. Schwartz MS, Prior PF, Scott DF: The occurrence and evolution in the EEG of a lateralized periodic phenomenon. Brain 1973 Sep; 96:613-622
- 10. Chatrian GE, Shaw CM, Leffman H: The significance of periodic lateralized epileptiform discharges in EEG—An electrographic, clinical and pathological study. Electroenceph Clin Neurophysiol 1964 Aug; 17: 177-179
- 11. Kuroiwa Y, Celesia GG: Clinical significance of periodic EEG patterns. Arch Neurol 1980 Jan; 37:15-20
- 12. Chu NS: Periodic lateralized epileptiform discharges with pre-existing focal brain lesions—Role of alcohol withdrawal and anoxic encephalopathy. Arch Neurol 1980 Sep; 37:551-554 withdrawal and anoxic

- 13. Chu NS: Caffeine- and aminophylline-induced seizures. Epilepsia 1981 Feb; 22:85-94
- 14. Gross RA, Ferrendelli JA: Effects of reserpine, propranolol, and aminophylline on seizure activity and CNS cyclic nucleotides. Ann Neurol 1979 Oct; 6:296-301
- 15. Phillis JW: The role of cyclic nucleotides in the CNS. Can J Neurol Sci 1977 Aug; 4:151-195 (420 refs)
- 16. Ferrendelli JA, Kinscherf DA: Cyclic nucleotides in epileptic brain: Effects of pentylenetetrazol on regional cyclic AMP and cyclic GMP levels in vivo. Epilepsia 1977 Dec; 18:525-531
- 17. Snyder SH, Childers SR: Opiate receptors and opioid peptides. Annu Rev Neurosci 1979; 2:35-64
- 18. Frenk H, Urca G, Liebeskind JC: Epileptic properties of leucine-and methionine-enkephalin: Comparison with morphine and reversibility by naloxone. Brain Res 1978 May; 147:327-337
- 19. French ED, Siggins GR, Henricksen SJ, et al: Ontophoresis of opiate alkaloids and endorphins accelerates hippocampal unit firing by a noncholinergic mechanism—Correlation with EEG seizures. Neurosci Abstr 1977; 3:291
- 20. Santiago TV, Remolina C, Scoles V III, et al: Endorphins and the control of breathing—Ability of naloxone to restore flow-resistive load compensation in chronic obstructive pulmonary disease. N Engl J Med 1981 May 14; 304(20):1190-1195
- 21. Schwartz M, Schwarz D, Bauer ML, et al: Alcohol dependence and withdrawal and brain endorphins (abstr). Neurology (Minneap) 1981 Apr; 31(2):62

## **Medical Practice Questions**

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy state-

# Percutaneous Transluminal Coronary Angioplasty (PTCA)

### **QUESTION:**

Is percutaneous transluminal coronary angioplasty (PTCA) considered accepted medical treatment?

### **OPINION:**

In the opinion of the Advisory Panels on Chest Diseases, Internal Medicine and Radiology, percutaneous transluminal coronary angioplasty (PTCA) is considered established medical practice for patients with medically refractory angina pectoris who have coronary artery atherosclerosis limited to a single vessel. The application of PTCA in patients with multiple vessel disease is investigational at present; review of its status is ongoing.

PTCA for single vessel disease should be done on carefully selected patients by physicians specially trained in the procedure and in facilities where the training of the PTCA team has been approved by medical staff or other peer reviewers. A cardiac surgery team should be immediately available in facilities where PTCA is done, in the event of complications.